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ABSTRACT

Quality substance abuse training for 279 educational personnel (school counselors, school nurses, and school psychologists) across the state of Alabama was provided in a series of two-day training sessions through a federal grant. Although the original grant proposed 7 training sessions, 9 training sessions were ultimately offered over the course of the project, with class sizes ranging from 9 to 46 participants. Four of the training sessions were held in Birmingham, Alabama. Goals and objectives of the grant are listed, and how each goal was met is described. The goals were to: (1) improve the quality of drug education materials by developing training materials; (2) increase the number of qualified school-based substance abuse professionals; and (3) increase the amount of technical assistance available to school counselors, psychologists, and nurses to aid them in establishing prevention/intervention activities at the local level. Participants' project evaluations were highly positive. Contains three tables. Appendices, which account for 80% of the document, are: (1) Advisory Board Members; (2) Participant List by Site Trained; (3) Qualitative Evaluation Comments; (4) Evaluation Report; and (5) Alabama Peer Helpers Association Conference Brochure. (JBJ).

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ED 399 497

United States Department of Education
Final Report
CFDA 84.241A
Award Amount: $123,990.00

Project #:	Project Title:	
241A40228	Alabama Substance Abuse Prevention Training Program for Educational Personnel	
Applicant Agency:	**Project Director:**	**Telephone:**
School of Education University of Alabama at Birmingham	Maxie P. Kohler, Ph.D.	205-934-2357 205-934-3701

I. Introduction:

The purpose of this project was to provide quality substance abuse training for 280 educational personnel (school counselors, school nurses, and school psychologists) across the state of Alabama through a series of two-day training sessions located in Alabama State Department of Education Regional Inservice Centers. We met the goal of training 280 professionals to within one person, with the total professionals trained equalling 279. Although the original grant proposed seven training sessions with some 40 participants each in order to reach as closely as possible our target of 280 trained professionals, nine training sessions were ultimately offered over the course of this project with class sizes ranging from a low of nine to a high of 46, which can be seen in Table #1 below. Because the Birmingham area is home to the the largest concentration of educational professionals in Alabama, four training sessions were conducted to accommodate professionals in that region. Finally, all particitpants were offered continuing education units (CEUs) for their participation in this program by their appropriate credentialing board (agency).

Table 1:
Overview of Training Sites, Dates and Totals Served:

Location:	Date:	Accepted:	Attended:
Birmingham (Pilot)	May 19-20, 1995	41	28
Decatur	June 8-9, 1995	45	35
Jacksonville	June 15-16, 1995	42	35
Troy	June 23-24, 1995	34	34
Mobile	June 26-27, 1995	41	33
Montgomery	July 12-13, 1995	36	36
Birmingham	July 24-25, 1995	51	46
Birmingham	November 28-29, 1995	35	23
Birmingham	May 15-16, 1995	15	9
Total:		**340**	**279**

CG027348

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II. Discussion of Achievement of Goals and Objectives:

Below is a listing of each of the goals and objectives set forth in the original proposal and how each was met. To some degree, meeting these goals/objectives was dictated by the educational professionals which were being served. As the grant proceeded, some minor modifications to the project were made in an attempt to expedite the flow of information and provide participants with knowledge and skills as quickly as possible, as opposed to waiting until the "technical support" phase, as will be seen in Goal #3 below.

Goal #1: Improve the Quality of Drug Education Materials:
Improve the quality of substance abuse education by developing training materials for Alabama State Department of Education (ASDE) counselors, school counselors, school psychologists, and school nurses which will serve as course content for training.

Goal #1 Was Met as Follows:

The development of the materials for this project was performed by project professionals with the aid of the project Advisory Committee composed of educational and mental health professionals from across the state of Alabama. A listing of the members of this Advisory Committee can be found at the end of this report. This advisory committee guided the development of the materials by assisting with needs assessments/focus groups of the three sets of professionals to be served. Further, they reviewed all training materials prior to training as well as after modifications were made via the pilot training session which took place on May 19-20, 1995.

Further, we worked cooperatively with Drug-Free Schools and student support professionals from the Alabama State Department of Education in developing and implementing this project. As such, at the close of this project, all materials have been provided to these professionals as well as having trained 27 trainers located strategically throughout the state of Alabama for further dissemination of this project.

***Objective #1: Training Manual:**
Improve the quality of drug education training by developing a **training manual** which will serve as course training materials to include the following:

1. Basic Information on Substance Abuse Prevention:
    a. Signs/symptoms of substance abuse
    b. Risk/resiliency factors
2. Pharmacological Effects of Substances:
    a. Physical Effects
    b. Cognitive Effects
    c . Social Effects
    d. Behavioral Effects
3. Overview/Techniques for Establishing Drug Prevention/Education Programs:
    a. Student Assistance Programs (SAPs)
    b. School/Community Teams
    c. Violence Prevention/Conflict Resolution Programs
4. Techniques of Counseling and Referral of Youth At Risk:
    1. Working with Children of Alcoholics (COAs)
    2. Working with Dysfunctional Families due to Drug Problems
    3. Working with Youths Exhibiting Social Difficulties

Objective #1 Was Met As Follows:

A 197-page interactive training guide was developed by project professionals for use during the two-day training session as well as for a reference or resource guide for participants when they returned home. As such, this resource consisted of ten chapters as follows:

Chapter 1: Introductions
Chapter 2: Connections Between Substance Use and Academics
Chapter 3: Signs and Symptoms of Substance Use
Chapter 4: Psychopharmacology
Chapter 5: Professionals Communication Skills
Chapter 6: Legal and Ethical Issues
Chapter 7: Risk, Resiliency, and Protective Factors
Chapter 8: Children of Substance Using Parents
Chapter 9: Best Practices in Prevention
Chapter 10: Resource Directory (to be addressed under Objective #2 of this goal)

For ease of readability, color coding of pages was done; specifically, worksheets for participants to use during the training were printed on yellow pages while reference materials and informational data were printed on white pages. For those persons who were trained as trainers (to be discussed below), their instructional pages were printed on pink paper so as to aid in the teaching process.

Two copies of the Training Manual are enclosed for your inspection -- a trainer's manual (with pink, yellow, and white pages) and one participant manual (with only yellow and white pages). An agenda for the two-day training session, including times allotted for all segments of the training, is included at the beginning of the training manual.

As will be seen in the evaluation section of this project, quantitative and qualititative evaluations of training materials was very good.

Although it will be mentioned later under the evaluation section, it should be noted relative to the training sessions that a t-testing of pre/posttest differences revealed a significant different. In other words, participants showed a significant amount of knowledge gain which can be directly attributable to the training sessions conducted.

***Objective #2: Directory of Services:**
Develop a statewide referral network for individuals at risk for substance abuse by compiling a statewide **Directory of Services** listing all substance abuse and related services available on a county-by-county basis.

Objective #2 Was Met As Follows:

A Resource Directory was provided to each participant and was included in the last chapter of the training manual. This directory, printed on green paper, included a listing of the following referral sources which will be of benefit to these three groups of educational professionals:

1) Alabama School Counselors
2) Alabama School Nurses
3) Alabama School Psychologists
4) Alabama Drug-Free Schools Coordinators
5) Substance Abuse Treatment Programs - Department of Mental Health
6) Drug and Alcohol Prevention Programs - Department of Mental Health
7) Alabama Mental Health Centers
8) Drug and Alcohol Prevention Programs - Governor's Office of Drug Abuse Policy

A copy of the Resource Directory can be found at the end of the Training Manual for your review.

Goal #2: Increasing the Number of Qualified Professionals:
Increase the number of qualified school-based substance abuse professionals in Alabama by providing statewide training sessions, **co-sponsored by the Alabama State Department of Education,** for 280 Alabama school counselors, school psychologists, and school nurses in substance abuse prevention. *Eleven (11) of these 280 school*

professionals will be selected by the Alabama State Department of Education, Health and Counseling Division, to become trainers in their respective 11 inservice regions after the close of this grant in such a way as to enable this program to become institutionalized across the state of Alabama. These 11 persons will be chosen from the pool of school counselors. The Training Manual and Directory of Services will be used throughout these sessions and will serve as the basis for training.

Goal #2 Overall Was Met As Follows:

As noted above, 279 educational professionals were trained through this project. "No shows" and/or cancellations accounted for the very small discrepancy is the goal of training and those actually trained. A listing of those trained at each site can be found at the end of this report by site trained. And, although we initially estimated that we could train only eleven (11) trainers, 27 professionals participated in the training of trainers, both school counselors and nurses. These persons were chosen to increase the level of technical assistance provided either locally (or regionally) particularly for educational professional of these three groups who was unable to attend these trainings. By training more trainers, this minimized the actual amount of technical support which grant personnel had to deliver, since this support could be delivered by trainers in the different regions of the state in a more cost effective way. All educational professionals who were chosen to be trainers participated in the training of trainers sessions in Birmingham, Alabama on May 19-20, 1995. This first session was also used as the "pilot testing" of the curriculum. After this training, modifications, as needed, were made to the curriculum prior to taking this training program on the road. However, it should be mentioned that only very minor modifications were needed to the curriculum after the pilot testing.

Objectives #1 - #4 below list basic components of the training program which were addressed in each of the nine two-day training sessions. And, as will be seen in the Evaluation section of this project, participants rated the extent to which these training sessions increased their skill and knowledge at each of the below objectives very positively.

***Objective #1: Training on Basic Information:**
Training sessions were conducted in order to increase the knowledge base of participants relative to the age-appropriate basic signs/symptoms of substance abuse in students as well as to inform them relative to age-appropriate risk/resiliency factors of students, grades K-12. (Chapters 2, 3, 7, and 8 of the Training Manual).

***Objective #2: Training in Pharmacological Effects:**
Training sessions were conducted to increase knowledge of participants in pharmacological effects of drugs on students' physical, cognitive, and social/emotional well-being. (Chapter 4 of the Training Manual).

***Objective #3: Training in Establishment of Prevention Mechanisms:**
Training sessions were conducted to inform school counselors, school psychologists, and school nurses of basic prevention programs available for implementation, with specific emphasis being placed on how to set up Student Assistance Programs (SAPS) in their schools/ counties. These sessions stressed coordination and collaboration with other already-existing positive community and school-based activities. (Chapter 9 of the Training Manual).

***Objective #4: Training in Counseling/Referral Techniques:**
Training sessions were conducted to increase the skill level of school counselors, school psychologists, and school nurses regarding appropriate counseling strategies/referral techniques which can be used when working with youths at risk for substance abuse. Training also included utilization of the statewide Directory of Services manual which was be developed as part of this project. (Chapters 5, 6, 9, and 10 of the Training Manual).

Goal #3: Technical Assistance
Increase the amount of technical assistance available to school counselors, school psychologists, and school nurses which will aid them in establishing prevention/intervention activities at the local level.

Goal #3 Was Met As Follows:

Because participants during the training session felt they gained the skills needed to develop school support teams during the respective two-day training session they attended, and particularly because we increased the number of trainers which were distributed across the state of Alabama, local trainers were used to provide the technical assistance as needed. Specifically, approximately two to three trainers were located in each of the inservice regions who were to be used for technical assistance, since 27 professions were trained as trainers during the first session on May 19-20, 1995. Therefore, Goal #3 of providing technical support was modified to have it provided by local (or in some cases regional) educational professionals who best knew the communities and their problems.

***Objective #1: Making On-Site Visits:**
No on-site visits were requested by project participants; therefore, none were conducted by project staff. It should be noted that one-half day of the two-day training session was spent with project participants assisting them in learning skills needed to develop school support programs, as well as assisting them in developing school support teams during the actual training sessions in an attempt to minimize travel.

***Objective #2: Computer Bulletin Board:**
Although a computer bulletin board does exist at the UAB School of Education, again, technical support was provided by local trainers; therefore, contact with those we trained was kept at a minimum.

***Objective #3: Telephone Hotline:**
Educational professionals who were trained through this program did have immediate access to the project professionals via our UAB telephone connection. Again, however, it was used only minimally, since technical support was provided by those trained as trainers in the respective local areas.

Objective #4: Develop Technical Support Teams:
Support teams (or systems) in each of the 11 inservice regions were developed through an increase in the number of total trainers. Specifically, we increased the total numbers of trainers from eleven proposed in the original grant to twenty-seven (27) in an effort to effectively locate local trained professionals in each of the inservice regions who could further assist locally and regionally in the development of support systems, as needed. And, as was noted above, training during the two-day session specifically taught participants how to develop support teams in their respective communities. At the same time, we provided them with locally trained professionals who we had identified as "trainers" as their local resources.

III. Project Evaluation:

As will be seen in the Evaluation Report attached, participants were asked to assess both quantitative and qualitative aspects of this project. Although the Evaluation Report covers these parts in more detail, a synopsis of the evaluation according to goals and objectives of the grant will be discussed below.

First, quantitative evaluation statistics of the *training* will be shown in percentages below:

Table 2.
Quantitative Training Evaluation Results

Questions: 1=Strongly Agree; 2=Agree; 3=Disagree; 4=Strongly Disagree (Reported in Percentages) N=240	SA	A	D	SD
1.Training objectives were clearly stated.	87	13	0	0
2. Training objectives were met.	80	20	0	0
3. The location of the training was suitable.	69	26	5	0
4. Content was important.	86	14	0	0
5. Teaching materials were of high quality.	82	18	0	0
6. Teaching strategies were appropriate for the audience.	79	20	1	0
7. Sufficient opportunities were provided for discussion and questions.	90	9	1	0
8. Training met the ne[illegible] of the audience.	76	23	1	0
9. The instructors displayed a clear understanding of the content.	93	7	0	0
10. Instructors displayed a clear understanding of group processes.	92	8	0	0
11. All members of the audience were valued by the instructors.	88	11	1	0
12. Sufficient opportunities were provided to practice skills and apply knowledge.	62	32	6	0
13. I already knew much of the information that was presented.	8	47	40	6
14. I will be able to use this information in my professional position.	69	30	1	0

As can be seen from Table 2, participants overwhelmingly evaluated the training sessions positively.

Table 3 below shows the extent to which participants felt the training session

Table 3.
Participants' Evaluation of Training Effects

Questions: 1=No Increase (NI); 2=Small Increase (SI); 3=Moderate Increase (MI); 4= Great Increase (GI) Reported in Percentages N=240	NI	SI	MI	GI
To what extent has training increased the following:				
a) knowledge of basic substance abuse information?	3	11	34	52
b) knowledge of age-appropriate signs and symptoms of substance abuse in students?	4	12	40	43
c) ability to recognize age-appropriate risk or resiliency factors in students?	3	8	45	44
d) knowledge of pharmocological effects of substances on students' physical, cognitive, and socio-emotional well-being?	4	8	37	51
d) skills in developing basic prevention activities or programs (f.e. Student Assistance Programs)?	4	12	48	37
e) counseling and referral skills for youths at risk of substance abuse?	4	17	47	33
Total:	3.6	11.3	41.8	43.3

they attended had increased their knowledge and skills set forth in the objectives for the training, as measured by the list of objectives noted in the front of their training manual.

And, as can be seen from Table 3, some increase was noted by 96.4% (SI, MI, and GI) of the participants, while a moderate to great increase in skill and knowledge *relative to the project objectives* was cited by 85.1% (MI and GI) of those participating.

More specifically, project goals and objectives are discussed below:

Goal #1: Development of Training Materials

Process Evaluation:

A) Determine the correspondence between the stated objectives of the project and topics addressed in the development of training materials.

Process Evaluation #A of Goal #1 Was Met As Follows:

Development of the training manual followed that which was stated in the proposal as the content of the curriculum, which, again, followed guidelines set forth by the United States Department of Education Drug-Free Schools Program. There is a one-to-one correspondence between the stated objectives of the project, the curriculum, and other training materials. Further, participants were each asked to specify at the beginning of each training session which objectives they thought would be of interest and help to them so that project trainers could be aware of those objectives of special interest to participants.

B) Have members of Curriculum Committee rate training materials (manual and directory) by using a checklist developed to monitor the presence of salient dimensions of professionally endorsed substance abuse materials;

Process Evaluation #B of Goal #1 Was Met As Follows:

Advisory Committee members were instrumental in the development and revision of all training materials. And, although they preferred not to rate the curriculum materials in writing via a checklist because of constraints and limitations for comments, they were each provided with a copy of the curriculum for review in order to make corrections, modifications, alterations, etc. prior to "piloting" the curriculum during the first training sessions (training of trainers). After their review and the pilot training, all necessary modifications suggested by them were made to the training materials.

Outcome Evaluation:

A) After pilot training session, participants will complete comprehensive evaluation of materials to include ease of readibility; facilitation of course content; usefulness in work situation, etc.

Outcome Evaluation #A of Goal #1 Was Met As Follows:

As noted above, each participant was asked to complete a quantitative and qualitative evaluation form. Results of the quantitative evaluation are shown in Table 2 above, while qualitative results to the following questions relative to the training are attached at the close of this report. The questions are as follows:

A) What aspect of this training was most helpful?
B) What aspect of this training was least helpful?
C) What do you feel that you've gained from this training?
D) In what way do you anticipate that this training will impact on your work with youths?
E) What must occur for you to be able to apply the knowledge and skills you have gained from this training?
F) What obstacles exist to you applying the knowledge and skills you have gained from this training?
G) What resources are you able to use to overcome local obstacles?
H) Please provide any other comments that you would like the evaluator of this training to consider.

Goal #2: Training:

Process Evaluation:

A) A detailed syllabus including instructional objectives outlining content and procedures pertinent to each area of presentation will be developed.

Process Evaluation #A of Goal #2 Was Met As Follows:

A detailed syllabus including instructional objectives was developed and included at the beginning of each training manual. Objectives set forth to be covered through the materials and training sessions were those specified in the Request for Proposals sent out by the United States Department of Education Drug-Free Schools Program grant announcement.

B) A pre-test measure will be given to access the status of the knowledge of all incoming participants.

Process Evaluation #B of Goal #2 Was Met As Follows:

A pretest was given to all participants in these training sessions. However, because modifications of curriculum and pretest/posttesting were made after the pilot training, only results for pre/posttesting of the remaining participants after the pilot testing session were able to be used for calculation purposes (N=240). Specifically, a total of 279 professionals participated in this project; however, the 27 trained as trainers did not have their pretests included because alterations were made both to curriculum and pre/posttest. Therefore, 252 participants were left, but because of coding errors, participants failing to complete the evaluation, etc. in twelve (12) instances, 240 pre/posttests are included. More specifics on statistics of the pretesting can be found in the attached Evaluation Report.

C) A survey of participant satisfaction will be used to evaluate the project presentations, materials, and other aspects of the workshop environment.

Process Evaluation #C of Goal #2 Was Met As Follows:

This can be found in Table 2 above. Again, as can be noted, participants evaluated presenters, presentations, materials, and other aspects of this project very favorably.

Outcome Evaluation:

A) Participant growth will be assessed through a cognitive test over the concepts presented in each unit.

Outcome Evaluation #A of Goal #2 Was Met As Follows:

As can be seen from the attached Evaluation Report, a posttest was also given to participants of these training sessions. Further, a significant difference was noted between pre/posttesting indicating that participants' amount of information gained was not attributable to random error, but this increase in knowledge was attributable to the training sessions themselves. Please see the Evaluation Report at the end of this report.

B) Actual, or videotaped, presentations will be assessed by the evaluator. This will be accomplished through the use of an observation checklist based on the syllabus designed for the workshop.

Outcome Evaluation #B of Goal #2 Was Met As Follows:

No videotaping of these training sessions was provided; however, actual evaluations by Alabama State Department of Education professionals was done. However, actual documentation in letter form is presently unavailable, as the professional in charge is (and has been) hospitalized for some time due to serious illness. A letter documenting our performance can be obtained when he returns to work.

Goal #3: Technical Support:

This objective was the most difficult to implement and measure because of two reasons:

a) A major push of this project was simply attempting to meet the project training goal of educating the 280 professionals. And, as can be seen, this training goal of serving 280 professionals was met within one person;

b) Project professionals worked cooperatively with the newly-developed Alabama Peer Helpers Association to co-sponsor the first annual Alabama Peer Helpers Conference in February, 1996 where approximately 120 school professionals were trained, thereby confounding somewhat the training received from our seminars. As a matter of fact, Dr. Kohler, this project director, sits as a member of the Alabama Peer Helpers Association board, was a founding member of this group, and was a part of the planning team of that conference. Since we encouraged those who were trained in our training sessions as a means of gaining added technical skills in group processes and developing prevention programs to attend this Peer Helpers Conference, it is difficult to measure purely the impact of our training conference alone, as numerous skills were gained at the Peer Helpers conference also.

Process Evaluation:

A) A separate log of telephone contacts and computer contacts will be kept relative to how many calls come in from the field to the hotline and the computer bulletin board.

Process Evaluation #A of Goal #3 Was Met As Follows:

As noted above, a telephone connection between participants and project professionals was maintained; however, few, if any, calls came in, most likely because of local technical assistance being made available through the 27 trainers trained initially in the project as well as those skills gained through the Alabama Peer Helpers Conference.

B) A protocol will be developed to be utilized on site visits to assess specific difficulties participants are experiencing with implementation of activities and a detailed listing of these problems will be monitored to determine what the most common impediments are to activities implementation.

Process Evaluation #B of Goal #3 Was Met As Follows:

Because of the decision to train additional trainers at the beginning of the project so more technical assistance could be made available to participants, participants were asked on the qualitative evaluation at the close of the evaluation of their respective training session what they thought would be the obstacles to implementing what they had learned through the project. As can be seen from Qualitative Evaluation Question #6 at the end of this report, participants reported that time and support from administration would be the most noticable obstacles to implementing what had been learned at this project. And, although a random sample followup survey was performed as part of this evaluation, the fact that the Alabama Peer Helpers Conference was held serves to confound any results we gained.

C) A log will be maintained by Technical Support Team Leaders in the field to monitor interaction with others in their respective inservice regions.

Process Evaluation #C of Goal #3 Was Met As Follows:

Although this section of the evaluation, in theory, was very appropriate, in practice, trainers did not have time to document these interactions; therefore, a good indicator of interactions is not available.

Outcome Evaluation:

A) A listing of all substance abuse education/prevention activities begun during the technical support phase will be maintained.

Outcome Evaluation #A of Goal #3 Was Met As Follows:

Again, because of time and other constraints on all those who were trained, we are still in the process of working with participants to gain this information. Therefore, at the present time, a complete list is unavailable. Please see below on "Overall Project Effectiveness Was Met As Follows" as a reason it will be difficult to ascertain the activities which were begun is solely a measure of professionals' participation in only our training seminar.

Overall Project Effectiveness:

Finally, overall project effectiveness will be measured by conducting a telephone survey of a random sample of project participants to be measured against a random sample of professionals with the same job description who were not project participants to assess effectiveness of the materials, training, and technical support. An instrument

to evaluate each of these three project goals will be developed by the evaluator for this purpose.

Overall Project Effectiveness Was Met As Follows:

Although a telephone survey of a randomly selected group of participants versus nonparticipants was performed, due to other substance abuse training programs in which participants and nonparticipants apparently were involved, it is impossible to parcel out the actual impact of this project, since some may have been due to other substance abuse programs that were conducted. However, qualitative evaluation comments collected at the close of each training session and reported at the close of this report are very important in understanding what are some of the most valuable aspects of this project. Further, all participants were asked to complete a "Contract Form" with us stating what they intended to accomplish as a result of this project, and we are continuing to collect information regarding whether they were able to accomplish this. It should be noted that due to the fact that additional training sessions had to be conducted to approximate our target number of trained professionals of 280, some of those trained last may not have had enough time to implement strategies, etc. they learned through the workshop. For that reason, qualitative comments become important is also judging the quality and effectiveness of this project.

Finally, when reviewing what project personnel cited in the proposal as "Expected Benefits" on Page 9 of the original document, all were reasonably accomplished. Specifically, (a) the Alabama State Department of Education has adopted the curriculum for their future training sessions; (b) there has been an increase in the number of trained professionals by 279 and (c) there is prevention activity occurring across the state of Alabama as noted by the random telephone survey, although we cannot be completely sure it is as a result of this training program only, since we also co-sponsored the first annual Alabama Peer Helpers Association Conference in February, 1996, where some 120 school professionals were trained.

Appendix A:

Advisory Board Members

Advisory Committee

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Resource Counselor
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Appendix B:

Participant List By Site Trained

LIST OF PARTICIPANTS
ALABAMA SUBSTANCE ABUSE PREVENTION TRAINING
BIRMINGHAM, ALABAMA - MAY 18-19, 1995
(Training the Trainer Course)

1. Judith Arnold
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BIRMINGHAM, ALABAMA - NOVEMBER 28-29, 1995

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Appendix C:

Qualitative Evaluation Comments

Qualitative Evaluation Responses
for
Drug Free Schools Program

1. **What aspects of the training were most helpful?**

The part about what prevention programs can do. The networking opportunities/others.
Group activities/being always included in discussions
The information presented
Workbook
Education: Objectives #1 and #2
Terminology
The variety of information
The interaction of other persons in my field interested in the same subject matter.
Information and sharing
High Risk information/psychopharmacology information/Current information
Signs and symptoms of drug abuse/high risk groups
More information of signs and symptoms of at risk and resistant children
Organized, concise presentation
Training book
Material presented
How to approach
Obvious knowledge of the instructors and workbook
The group interaction through small groups
Improved counseling skills
Information and networking
Day 1
Personal experiences related by peers
All - Sequencing of information was done well
The discussion as information was presented - professionals learning from other professionals
Hearing others/Interacting/Updating information
Review
Being able to network with the professionals about drug prevention programs in their school systems. Statistics given during both days of training.
Identifying members of substance abuse families
The audience participation and the way you helped us trouble shoot
Discussing situations with other professionals
Role play - pharmacological effects
Drug pharmacology
Info. on psychopharmacology and legal issues
Question and answer sessions
Discussion with other professionals, notebook, and trainers knowledge of subject area
I learned preventative measures to use with young children at risk.

Lecture, manual info, discussion
How to locate resources and implement programs
New ideas in communication, resources, knowledge about use and abuse
Protective factors within school/community
Talking with fellow counselors - new program ideas and strategies
The pharmacological effects of drugs
Ideas from participants, having the information in reproducible sheets so we could see it as it was discussed.
Pharmacology
All
Legal and ethical
New information, shared experiences/ideas
The interaction of ideas
Information booklet to use as reference - ideas from other professionals
Specific drug info and legal information. Peers sharing what works for them.
Some of the yellow sheet activities
legal responsibilities
All aspects of this workshop
Learning activities-real life situations (handouts)
The notebook
Sharing ideas about different program and ideas
Suggestions on SAP and Peer programs
Drug information; children of alcoholics; child development information
Awareness of techniques used by others
Learn new skills and opportunities to put them to use
Learning the role of COA
The psychopharmacology unit, the unit on children of substance using parents, and the legal issues unit were most helpful. 22 and 23 are faculty/student/counselor useable.
The give and take of the group of professionals
Signs/symptoms of substance abuse. Prof. communication skills, legal and ethical issues
COA discussions and training
Handouts, manual, discussion
Substance abuse info
The opportunity to listen to strategies used in various situations by others
Information about drugs specifically
Pharmacological knowledge, risk factors of drugs - preventive measures (SAP, Peer programs, etc.)
Presenters were very knowledgeable and interesting
Information concerning substances/Resiliency skills
All aspects
Information and group sharing
The current knowledge and the group sharing
Notebook/resource; interaction with peers
Defining high risk behavior and classification

Section 5,6,7,3
Up-to-date information/interaction
Discussion/role playing
Developing prevention programs
Training for working with students a risk. Definitions and techniques that work with these students
The chemical and behaviorist addict
The information sheets are very helpful
The age-appropriate signs and symptoms
The experience of the instructors
Techniques for treatment - especially primary, secondary prevention
Examples of useful programs
Review of pharmacology info, interaction with other participants. Guidelines for new programs.
Facts presented
Manual
Protective factors, risk and resiliency
All - especially units 8 and 9 but great reinforcement about at-risk students, resiliency factors
Human development/Drug effects and explanation/Sharing from other school personnel (nurses and psychometrists)/Connections Between Substance Use and Academics
Developing skills on prevention
Signs, symptoms and that drug prevention has major effectiveness
All aspects
Work sheets
Info on COA
Knowledge of drugs/what to do for prevention
Information on drugs and listening and talking with my peers
Interaction between participants and facilitator
Sharing ideas, meeting other counselors, trainers rapport
Not applicable
All
Knowledge of instructor/listening to other counselors
Part 1 and 2
The Smith Family thing - concrete stuff. I can use with faculty.
Interaction with group and clarification by instructor
Notebook
Being able to discuss this with other counselors
All aspects
Hands-on experiences and sharing

Qualitative Evaluation Responses
for
Drug Free Schools Program

2. What aspects of the training were least helpful?

None
It was all helpful
Objectives #3 and #4
Repetition
Long distance from home
None
I am more informed.
Specific counseling techniques - again, because of current job
I already knew a lot of it.
None
Peer Groups, Committees, etc.
All was helpful at least to the point of knowledge obtained
None
Day 2/Geared to counselors
The effects of 19 powdered ritalin
The content that we learned in our courses during graduate work and information that we Already knew from "on the job" training.
Not applicable
Long days
Philosophical (alcohol model of family - scapegoat, hero, etc.)
Pharmacology of drugs
"Some comments" from others
None
None
The discussion that applied to elementary students
Evaluations
?
Going over drug groups - their effects, withdrawal, combination with other drugs
Activities directed for older students
Signs and symptoms -
Going through the material with enough discussion
Not applicable
Increase ability to handle situations and know what to do about problems. Greater understanding of their problems.
Sometimes it was the too vocal participants. Although the presenters did try to get us back on track.
K-6 information
Peer helpers program

Ice breaker
Some group discussions were too long
None
Generalities of counseling skills
All were helpful.
Discussion of problems and solutions at elementary level
Due to my age level, probably the peer helper info
7,8
The days were long and the attention span - short
The silly into worksheets. I feel that we wasted the 1st 1 1/2 hrs. of the session. 22 and 23 are faculty/student/counselor useable.
The information about drug abuse
Children of substance abusive parents
Review of adolescent development
None
All aspects of the training were helpful.
Aspects of each type of program - (just from my perspective)
Group work
None
All was helpful!
None
Classroom setting - high ceiling, large room
Pharmacological - but only because of my nursing and having attended other workshops that covered this.
Not applicable
None
All information was helpful
Not applicable
Group work
Background in classes of drugs
All was of some help
Legal and ethical issues - no new information and many situations in which counselors/nurses need administrative backing or support exist in this area. (not a weakness of presenters)
Psychopharmacology
Spend less time on some drugs - good info but I would rather work on units 8 and 9 more.
Some of the discussions were off track
Info on peer assistance
Can't think of any area.
Not applicable
Not applicable
All was quite helpful
Imaginary conversation with others as a junior in high school
Reference resources

Audience Communication - Talking
Not applicable

Qualitative Evaluation Responses
for
Drug Free Schools Program

3. What do you feel that you've gained from this training? (25)

Competence in substance abuse/alcohol, a sense of real need for this.
A better understanding of collaborative approach
Awareness
Insight
Insight into the magnitude of the problem - group interaction
Filled in lots of small gaps/better understanding of Student Assistance Program
A refresher in much of the information I was already exposed to.
A wide range of identifying and seeing how much people need to work together
More information in many means of prevention.
How to counsel with the children much more effectively
Knowledge and techniques - even if I can't use it right away, I've got something in my pocket for the day I might need it.
Awareness; good resource in the notebook we were given.
Knowledge and skills to help with substance abuse problem
Very much helpful information
Extensive knowledge
Specific info on drugs
Increased awareness
An understanding of at risk behaviors
A current presentation of the drug and alcohol problem
A greater understanding of the protective and risk factors of youth
Current look at the overall problem/more knowledge about drug use and drugs themselves and models of who's @ risk/reaffirmation of the positive effects of the family unit
It has made me more aware of the risk factors than I was before.
Being more aware
Motivation to do more
Knowledge, reassurance that ideas that I have are probably mainstream - it was reaffirming
Energized
Education and the knowledge and resources to start training programs for students K-12
Knowledge of family structure of substance abuse families
Resources, models, prevention programs, etc.
I've gained a better knowledge of effects of drugs and alcohol on children.
Insight, information on drugs, alcohol
I've become more knowledgeable of many aspects of substance abuse - legal, medical, etc.
Confidence, as well as knowledge
Improved competency in the area of substance abuse and how to assist students, school, community.

Knowledge about substances, networking with others for ideas
More insight into problems that may arise
Better insight; great information
Information I was lacking to implement programs
Lots of knowledge and resources
All the information was interesting and worthwhile. I'll look to be more helpful to children who have substance abuse by parents in the home.
Current knowledge of the drug problems in this country
Good resources for future reference
A greater understanding of the how's and why's drugs are used and what steps to take to head off these problems
Insight regarding effective prevention/intervention programs
So much knowledge in general
A broader knowledge of programs available
A renewed commitment to work with my charges - to try to make a difference
Many great ideas
I have learned some valuable tools and hopefully will be able to apply them in dealing with students at my school.
Empowerment through more confidence in my knowledge and techniques. I will use them ore often.
Knowledge and confidence in the area of substance abuse, use, & prevention
More insight into vastness of problems and how so many things cause a drug problem
Better skills to use with helping children awareness of new drug information
Additional knowledge - detailed ways to handle and approach substance abuse
More insight into entire range of substance abuse problems
Many things: (1) hope for solutions; (2) numbers for stats
Need knowledge, skills
New ideas in dealing with high risk students
Knowledge and understanding of drug abusers, children of alcoholics
More understanding of signs and symptoms, psychopharmacology
Skills/resources
Knowledge about different drugs - how children use them and what to look for
Thanks for not reading to us. The material is excellent and I appreciate the way it was presented. Very well. Your ability to laugh with us puts the group at ease allowing us to feel free to discuss, disagree, agree, etc. Also, your background of practical work and work in clinics allows this to be a real workshop, not an academic exercise.
A broader based knowledge of drug abuse among teenagers
A broad, basic knowledge of substance abuse and how it affects the entire community
More understanding of how use and abuse affects adolescents - I now know what to look for.
More skills and expertise/knowledge
I have gained new knowledge, reviewed and refreshed concepts previously learned and look forward to implementing new strategies.
More knowledge of drugs - effects of drugs - ways students use/abuse
More insight into family structure and how abuse is a family problem

Knowledge of drugs - impact on children - preventive methods
Motivation to begin again some interventions that have been disregarded like BBSST
I see a great need in our school system to develop programs that were discussed in the meeting and it also encouraged me to try to find some way to initiate the development of these programs.
Besides lost of information - motivation and a fresh look at techniques
More knowledge in high risk students and some skills to deal with this
I gained more knowledge.
A wonderful seminar that did not ebb and flow, but remained at constant pace led by interesting and well informed leaders.
Clearer understanding of
Knowledge/interaction to see what others are doing
More knowledge
Better understanding of substance abuse and need for development of prevention programs
A great deal of usable information
Details on various family types
A better understanding of the family structure
A better understanding of the origins, effects and prevention methods of substance abuse
Knowledge about drug abuse by students and families and tools to use in counseling them
Excellent resource book! Knowledge, information, new techniques (SAP)
Increased basic knowledge of drugs and problem solving techniques
New contacts for programs that are working/Resource/reference materials/Inspiration to "try again"
Better insight; broader knowledge base
Sharing with others
Lots of info - enthusiasm of presenters motivated me to strike out to try new ideas in school and community
Risk, Resiliency and Protective Factors better understood - Development of autonomous individual
Knowledge of and signs of substance abuse
More basic knowledge
Insight on working with counselors and youth
More knowledge in the field of substance abuse
As above
Knowledge of drugs. Char. of students at risk - how to aid in prevention process
Knowledge that we can apply in identifying children with drug problems
New skills and attitude reinforcement
More information to share with my principal/teachers/parents
See item 24
More insight into drug and substance abuse
Motivation and knowledge
A lot of new knowledge

Knowledge of drugs, useful suggestions on small group work
Knowledge, insight, ideas
Affirmation
Lots of info
Lots of insight - symptoms, developmental phases, psychopharmacology, etc.
More awareness of resources

Qualitative Evaluation Responses
for
Drug Free Schools Program

4. In what way do you anticipate that this training will impact on your work with youth?

I'll give more emphasis to children with symptoms of substance abuse/use.
Better understanding of best practices
Make me more aware
A better awareness of danger signs and how to initiate discussion
Better, more comprehensive evaluations
Be helpful in identifying and referring at-risk students
I'm not sure yet.
Increase my awareness of resistance and protective factors in sharing with parents on why some kids make it anyway.
Awareness and knowledge will help identify and know what to do.
I am more informed.
I will be more aware of their problems and how to identify them.
I believe it will make me more sensitive.
More awareness of drug and alcohol problems
Awareness increased
Will be able to work with school age children
Better serve the students
This will give me the skills to recognize at risk and drug users
I will more readily identify alcohol or drug related problems
Very helpful. Gave me many suggestions that I plan to implement.
Broadened knowledge base
It will help me become more sensitive to those students who are at risk.
Being more aware
More awareness
I will be more knowledgeable, thus better able to serve my student population.
A more positive outlook
Teach them "how" to say no to certain peer pressures
Awareness of substance abuse/aware of listening skills
It has given me clear, concise objectives which will guide my work. It has also given me resources in the valley area so that I can better follow through with my students and their treatment.
Improved my communication skills
Know signs and symptoms of drug abuse better
I'll be better able to identify and work with potential or real substance use/abuse problems.
I fell more prepared and confident about my own capabilities
Improve competency on working with students who have substance abuse problems and ways to prevent the problems from developing.

I plan to implement some of the activities into my already established program.
Improved counseling program at my school, reaching at risk students
Vary my methods and program
I'll be more inclined to seek out COA's.
Help with some "openings" for COA's
Giving a better base knowledge for recognizing drug users
Gives me new ideas to use with our students in drug use/abuse prevention
I will share info with all counselors in my system.
More interest
I am now more knowledgeable, I have a host of new techniques and I am inspired!
The bulk of knowledge we received and ideas shared should make me a better counselor.
I have learned some valuable tools and hopefully will be able to apply them in dealing with students at my school.
More knowledgeable when discussing drugs
I feel more knowledgeable in the area of drugs, identifying students on drugs and at risk; therefore, I feel more comfortable in discussing issues with my students and faculty.
More knowledgeable and an awareness. Ideas of things to say to young people
More knowledge gained to help students
It will enable me to be more effective in intervention
Better understanding
Will help to better recognize drug use and know more how to deal with it
More aware of at risk factors; work with counselors on identifying these students
I hope that it helps me when working with kids from dysfunctional families.
Will feel more secure with added awareness
More students will be reached
I will know what signs to look for.
Found out new ideas
It gave me more insight into the problems my students face each day.
I will be more aware of the possible underlying reasons for certain behaviors and symptoms.
More readily available for work with at risk youth
Make it more appropriate
New ideas for drug-free programs
This training will have a significant impact if I am able to gain support and will make a difference in deterring some of the problems we currently face.
Hope it will be helpful in identifying students "in trouble" - also more empathy
More knowledgeable in developmental patterns of youth, and how to look for signs of abuse
More aware and understanding of problem
Strive harder and longer to counsel high-risk students who do not willingly come to the counseling office.
It will better help me identify and work with these youth - will give me more insight into the problem and possible resources to use.

I plan to use this info. not only with the students, but in parent training.
I hope it will be a positive impact
I have a better understanding of some areas that I had little knowledge which will enable me to better service my population.
More insightful and more perceptive to the underlying cause of some students actions
Make me better able to recognize symptoms and signs
Encourage me to do more
To be more understanding
I am more knowledgeable and better prepared to deal with students and the development of prevention programs
I feel more knowledge in this area and better prepared to help these students
Very positive
A better understanding of peer pressure
More understanding
As I work with students, the info gained through this training will serve as tools to guide them.
Ideas for "neat" activities, information with kids and parents
Will help me understand the problem and better work with students
New ideas to implement/propose in my school without financial resources
Leaves me more understanding and accepting
More knowledgeable
Increased awareness and assessment skills; I learned about ideas that will improve drug awareness/prevention
I am better trained and more knowledgeable. I have strategies and research that will guide me.
More effective in being a school nurse
Basic knowledge helps, however school counselor initiates this type of program in my school setting
Positively
It has increased my awareness.
Training other prof.
It will make me a better counselor
Positive feedback
I needed this boost to get me going!
I will have more current information and a plan of action. I will be able to more adequately help young people.
In a most positive way
It has to help. (Once you've had a good experience, why wouldn't you use and live it??)
Greatly
I will understand why kids act the way they do. I am motivated to begin small groups.
Increase my awareness of students involved in substance abuse
Affirmation of knowledge base
Help me understand areas discussed
It will enable me to be a better listener and hopefully helper to my students.

More awareness of resources

Qualitative Evaluation Responses
for
Drug Free Schools Program

5. What must occur for you to be able to apply the knowledge and skills you have gained from this training?

Have the time to work up in-service and instructional units.
Have successful networking with colleagues
Just the ability to implement
Support from community and administrators
Digest it and have opportunity
I must have more time with students.
I need a list of resources for referral.
Prior planning and coordination with principal, faculty and staff.
Time
Information must be shared with peers.
Cooperation with administrative staff
An extension of current job description
Find time
Study and planning
Either new job or additional training for the age group I now work with
I must become more familiar and comfortable with the material and knowledge I have Gained from this workshop.
The support of administration, staff, and parents
Time allotted
Support of administrators, teachers, and parents
Not applicable
Integrate more of the information into group guidance
An interest by administration in my school and in my school system (plus support)
Time management/organized with many of these concepts in conjunction with other counseling activities
Cooperation from school personnel, parents, and students
Desire to see the info
I need to formulate a plan of action
I just need to get busy and use them.
Be more involved with counselor
Sharing it with others and getting them involved
I will only need to ask permission
Administration support of program
Use manual, coordinate with other professionals, work with school staff, maintain motivation and goals.
I must put forth the effort to begin the work. I must "sell" the administrator and/or community on the idea.

Need more activities for K-6
Time - I serve two schools.
Cooperation of principal and school system
Organize base program to include a good prevention program in the local school
More time allotted to do this
Barriers broken down
A better understanding on my part of programs available in my system
Incorporate the ideas in organized plans, enlist the support of my principal and go to work!
To the extent I would like to we need a school nurse and pyschometrist
I'll need time from class to develop SAP.
I need to review the material again and then decide what part of it I could use to increase our systems' knowledge of these issues.
Administrative and parental support
More space at school-base/need area to teach group lessons
Cooperation from local system - *Time
Some knowledge and skills will be used, some will need modification
Permission from administration
Must have system wide plan before much can be accomplished
I am in a position as a classroom teacher to work with many at-risk students.
I will prepare my lessons and include some of the things we've learned, i.e., "inoculation"
Clearer understanding of school system's position in regard to this
Time must be made available
Work them into the group sessions that I provide.
I must have more information available to me at my individual school.
Time to investigate the need for such programs in our system and then time to implement them where needs are identified.
Administrative acceptance and support. Time!
Administrative support
Obtain resources
I will need to decide what components of the program can be used in my setting and that I use it.
Time allowed/Cooperation of faculty and administrators
Time and finances to implement ideas
A lot of organization. Administrative backing and approval must be seen by teachers to be necessary.
Support from administration
Administration must go along with it
Be dedicated and court the approval of my administrators for implementation
I must become a better time manager must gain the support and interest of others at my school system
Given the opportunity to put these skills into practice/action
To return and put the info to work
A program
Support from school administrator

Cooperation of administration, school, community and parents
Understanding totally
I must be rehired
Time to read through the material again, especially comments I've written in the margins
I must have more time.
I must present them to administration
Administrative support/Teacher support
Proper programs/activities to receive administrative support
Administrative interest
Cooperation from co-workers
Be allowed to work in the classroom setting
Time to discuss this with other counselors in system, plan how to use, get permission/cooperation from administration - money to initiate program after it is developed
I am a 9-most counselor and will apply this knowledge in September 1995
Positive thinking
Have to start slowly
Increased training
My principal will have to be convinced.
Opportunity for in-service
Meet with administration and discuss the program and report to drug Ed coordinator
Support from Administrative Staff and teachers
Talk with my principal
(More) Time, Money, and Materials
Cooperation from employer
I simple must put knowledge into use.
Consideration and cooperation from employer
I must follow through with incorporating into my own program.
Opportunity and time
Permission and understanding from Administrators
Support from my peers
I must gain the support of my local administrators and co-workers. I will have to further research the "signs and symptoms" to present it at a Teacher Inservice.
Cooperation of co-workers
More time with less job responsibilities
Time to quietly sift through the material and evaluate it.
Support from administration
Cooperation of Administrators
The opportunity to offer it into schools along with sufficient time
Have time and utilize content of the notebook
I need time to plan. I need cooperation of fellow faculty members.
Cooperation from Principal and teachers
Be exposed more to kids involved or potentially will be involved in drug abuse.
A more comprehensive knowledge of what is available and being taught in Pike County schools

More study and then approval from school system. Some things can be done as part of counseling.
I'll need to go back and study this material and decide what I can best implement with my school
Cooperation and support from the Administration, Board of Education
School to start
To have administrative and clerical duties removed
Additional Time
Preparation
Given this opportunity
Local support from Principal and staff
I will share this knowledge through an inservice so it can be used by the faculty as well.
I must apply and share knowledge gained.
Have funds to support from my local system
Must have approval of principal to share information/Must follow through with great suggestions offered
Co-operation from the "power that be".
Faculty/Staff/Administrative approval
Support from schools (educators) I work with
Finding groups to implement plan
The situation itself
Permission from system/time allotment from system
School to begin
Permission from local School Board
Sort material that can possibly be used for Inservice
Conference with my principal and explain how beneficial this information is
Cooperation and support from administration
Time - Permission
A situation involving a student who has used or abused drugs
Principal permission
The materials to copy for a training
Time for planning and developing strategies. However, I plan to use all of this material - very helpful.
Set objectives
An interest by the principal and teachers in my system after I've shared this information
Administrative support
Adequate resources and personnel within the system
Permission must be granted and cooperation of everyone
Use in classroom
Time, plus release of funds Oct. 1 for purchasing of some materials
Incorporate it into my planning
The training was beneficial toward my 95-96 planning and implementation
Implementation of Substance Abuse Program in system
Speak with principal; process the information myself by re-reading my notes
Time management

I always discuss ideas with my principal first; I will study my notebook and implement my ideas.
Planning time
All professionals involved with the student must work collaboratively with parents, teachers, and student in order to appropriately assess and provide intervention for the student.
Nothing must occur. I can implement the program already.
Gain support
Time to read over notebook and think about their application
Develop materials to use in training
Time for implementation
Administration being open
A substance abuse policy should be implemented.
Place, time and materials duplicated to share with other counselors
Cooperation from administration an faculty
(1) Reread the manual to have time to sort out and internalize info.; (2) Review needs assessments from my school to see which needs can be met best by which programs; (3) Discuss with principal this workshop and create a plan for implementing some of the ideas/programs
School system coordination for the problem
Help from faculty and staff
Take the time to implement programs and share knowledge and skills with my faculty
Support from administration
Use it, make it my own
Be involved in system's drug prevention program
Organizing material
School has to reopen so contacts can be made with administrators and others.
The development of a substance abuse policy in my county.
Personal action, planning, coordination with teachers, principals and parents
Enlistment of support from principal and teachers
Time to schedule meeting with students, teachers, parents
I can use this info during this year
I am supplied now to apply the knowledge
Getting back to school
Cooperation of faculty/staff
Adequate time must be allotted and support of administration
Get support from board and principal for peer related programs
My job description does not include most of the activities that were described
Time and opportunity
School starting
I just need to have the time to act
Approval from Principal of school
Unknown
Personal involvement
Request In-Service time from principal/Present material - offer my services

Be more assertive, making more time for students and co-workers
Just do it! (or don't put the manual on the shelf)
Talk over with principal
Getting the support of administrator and teachers
Schedule a time
Review personally information provided
Have the support of the Supt. and Principal
More time
Sharing of knowledge with counselors in my system
Just go into the school and do it
Go into the classroom
Work with teachers, principals, and other professionals to gain assistance with implementing programs
Organize presentation for school faculty
Support from the administrator
Use of the materials I was given here will definitely help
One on one student, teacher contact

Qualitative Evaluation Responses
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6. What obstacles exist to you applying the knowledge and skills you have gained from this training?

Scheduling problems/resistant faculty
Time to plan and implement
None
Parents
Parameter and current position
Time
Position of authority (or lack of)
None
Time
Time/Interest and commitment of faculty and parents
Time
An extension of current job description
Time constraints
The age limitations of my school children K-2
Age
None
Going through the administration to obtain a go-ahead for certain programs
School systems' decision
Possibly parent
Time from other assigned activities/possible approval from policy makers
Time
None
Support of the administration in some areas; in other areas only my initiative
Resistance from administrators in their allowing time for these
Time factor
Time
Time and that I am not centralized in one school
Time
Time
Each school is different in how they want you to present.
Time
Time
None/job assignment for next school year
We need principal, teacher, and parent support.
New attempt to begin Student Assistance program. Having consistent time to keep program effective!
Money, time, scheduling

No obstacles other than fitting it into the program (time comes up again)
Much of it applies more for the older students
Funding to purchase needed materials
Scheduling problem
Other job responsibilities
Lack of time and administration's understanding of the problem
Working in a multiple school setting with different personnel involved
Lack of time - this is probably my main obstacle for I do have wonderful administrative and faculty support.
To the extent I would like to we need a school nurse and a pyschometrist
Co-operation from administration/faculty
Time outside of classroom to meet with team members and students
My main obstacle is time. I get so bogged down as the only nurse, it is hard for me to start new plans outside my "basic duties".
Time
More space at school-base/need area to teach group lessons, etc.
Cooperation
Support from administrators
Lack of funding - other duties
Lack of staff to fully implement. Time
None - our administration is very open to new ideas and programs -- particularly since much of these ideas will cost very little!
I work with K-4 students so I can't go into great detail in drug lessons, but I can use the general information.
Resistance from local area - legal implications
Support of administrators and teachers
Principal approval
The time element ... so many avenues of a guidance counselor that must be completed as well as counseling.
Time and the need for more training
As mentioned above (19), the time factor to investigate needs.
Time!
Time/Support
Time
I will need to convince one administrator of the need to develop and implement a comprehensive program.
I am not in situation in a school to apply many of the skills. I am central office staff.
Too many other responsibilities (clerical, etc.) that interfere with counseling
Administrative and teacher resistance
Administrative barriers/Financial barriers
Administration/funding for programs/policy
Money, time, staff
Unknown until I've tried
Limited mind-set of the "powers that be"
Lack of time and helpers to assist

Time/School administration
Time - I work two schools 25 miles apart
Administrative support and financing
System support/finances/lack of time
(1) As beginning counselor trusting relationship must be developed with counselor in new position; (2) Parental/teacher/schedule report
None
Not having a job at this time
Time
Time, support, finances
Administration/Teachers
Financial resources for some of the activities I would like to implement.
Administrator/teacher resistance to use of academic class time.
Administrative resistance
Not enough time
Time to do above - money and time for training and to initiate program - resistance of some Administration to recognize need
Time to do all I want to do from this information provided
Administration/Policy/Funding
None
The time factor
Time factor
As a counselor I can use this knowledge immediately. This will have to be approved by board of education.
Time for implementation
Lack of needed support
Time - re-scheduling present program
Indifferent faculty members (Just a few, thank goodness)
None
Not taking the time to plan
Caseload opportunity
Administration
Approval from Principals
Parental cooperation

Qualitative Evaluation Responses
for
Drug Free Schools Program

7. **What resources are you able to use to overcome local obstacles?**

Enlist help of principal and drug education coordinator/ask faculty to assist
Again using the community and my colleagues
I will seek parental support
Advertising/Workshops/Parent Involvement
Peers with experience
I hope the state list of resources will be helpful.
We are hoping to get another nurse.
Counselors/Superintendent
An extension of current job description
None
Not applicable
Community involvement
The ideas presented here and the support of my school personnel
Help from teachers
Supportive administration
Information in this handbook, PTA interest, administrative support
Creativity
My own knowledge and better able to discuss with school administrators
I can enlist people that are based in schools. I can also use our building base support team as a vehicle for some of the programs discusses.
Community
Some fancy scheduling (?)!
My principal and assistant principal are very helpful.
The need based upon substance abuse problems (data)
Talking with principal and teachers. Newsletter to parents.
School supervisor and principal
Agencies that can help/mental health/human resources/community clubs
Mental Health Center/Agency for Substance Abuse Prevention
Information
Communicate with other counselors who have used prevention programs
Community resources
Drug-Free Schools and Communities Coalition
Peer counseling. Pull together all stats and data to show problems.
My educational background and training plus job experience
Enlist more help with duties that take time away from my real job of working with students
Both of us (counselors) were involved in the training so together we may be able to make a difference.

Administration's understanding of program
I believe the most important resource is to convince our principals of the need for in-service or groups for drug ed. and prevention strategies.
Statistics from drug survey
Community resources/resources used from education resource booklets
Information
Not applicable
Teachers, administrator, and parental involvement
Logical reasoning
Community support
Local obstacles? Time?
Obtaining more resources and information on certain subjects we discussed
Teachers, administrators, counselors
Empathy and understanding principal
Presentation Skills
I will need to have faculty and staff support.
?
Statistics and data to show possible results
I'm not sure.
Hopefully my peers that attended this workshop and I can work together to overcome the obstacles.
Information
State agencies, private agencies
Discuss and make principal aware
Scheduling, local teachers
Networking of interested agencies/concerned parents/teachers
Administrative support, involving community in more problem-solving activities/teacher support for working with students at risk
Not applicable
?
Youth services' counselors
Team work and open, forward minded administration and superintendent
School counselor
Rationale/programs received from others "in network"
Few
After school programs
Information from this conference/local physician (pediatrician) who is active and will support group/poss. PTO resources
I've learned about some agencies (YMCA, Auburn Extension) that I do not know otherwise
Support of principal
Not applicable
?
Materials and resources from the work base given at this workshop
My belief in the power of the program. I will share with my teachers/staff

Community support/appropriate information
Support of principal, supervisor
None
My own social and communication skills
Encouraging the school counselor to provide the inservice
Outside help
Statistics
My own professional library and counselors at my school.
Closer contact with parents and community agencies

Qualitative Evaluation Responses
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8. Please provide any other comments that you would like the evaluator of this training to consider.

You've done a great job!
Very interesting and informative
Insurance company coverage answer for coverage on treatment centers
The book is a wonderful resource. Thank you!
Manual was very well organized for presentation of material. I would be willing to participate in any other similar types of workshops.
Good to meet with professionals and people from UAB that can be used as resources
Please include pre-school age children in your planning and training.
I enjoyed the training. The presenters really kept the interest of the audience. Sorry I didn't answer most questions. I hate evaluation forms! The workshops was very helpful.
1st day - morning session too long
This was a wonderful opportunity to be with similar professions and learn what they are doing.
Thank you.
Thank you for good work. The time it took to create the handbook and the way you presented the course (your positive, knowledgeable attitudes).
Thanks for the newest, updated information.
It would be helpful for educators, nurses, etc. that tried to come to this training, but couldn't due to small selection could have the opportunity for this training.
I think both of you have done an excellent job.
Rapport was established among the group leaders and the professional attending the workshop. Good session.
The trainers were excellent. Maybe you should consider dividing K-6 and 7-12. Each person was given a pre and post test (5 sheets each time per person) that we put our # on but did no more marking on it. The instructor could have re-used the test for the pre and post tests and not wasted so much paper for no reason. We used an answer sheet each time.
More activities for K-6
Consider breaking down K-6 and 7-12 grade levels
Need more small group activities where people share and work out problem situations
More time on legal issues. Divide into 2 groups, K-6 and 7-12 grades.
Train elementary counselors separately in order to cover age-appropriate programs more in-depth
More time on legal and #6-#9
Both presenters are skilled and made us all feel important/worthy
Separate elementary from secondary
Trainers/leaders were well educated on subject matter and presentation was great. - Hours

8-5 was a little long.
The program is very well organized with knowledgeable, excellent trainers. I appreciate the opportunity to participate. Consider dividing K-6th and middle school through 12th grade sessions.
It's been great! Thanks!
Please make provisions for coffee/cokes even if participants pay.
Include story, separate groups according to level
I thought it was well organized and presented.
How to - in school setting. Programs that work (more in-depth)
Well done.
Provide training for K-6 counselors separate from 7-12
I would consider being able to provide this same training to local school systems.
I enjoyed the seminar very much.
Great opportunity - Good networking
Keep up the good work. The informal presentation method allowing interaction is super.
Excellent workshop
Enjoyed it!
Need more workshops on normal and abnormal growth and behavior. Thank you!
More training - more days
I thoroughly enjoyed both providers and would like to have some feed back on program implementation
I am grateful I was chosen.
Well planned, good materials
Wonderful Job!! Thank you.
Very informative.
I enjoyed the program and learned a lot from the program. Thank you very much for being concerned about children.
Method of presentation was really effective (team, audience participation)
Presenters are good at what they do!
Sessions were "interesting" with varied activities and very good presenters.
Very good conference
Great conference. I have gained more than from any other recent workshops. Very well-organized. Thank you for starting/stopping as scheduled.
I'd like more on human development and learning styles
Thank you!
Mr. Collins was very enthusiastic.
Great Workshop
A very good training session! Thanks for the notebook of material. I enjoyed your presentation and your sense of humor. Thanks!
This was a very good Workshop!!!
The program was excellently presented.
The instructor did an excellent job (a wealth of information was provided within a 2 day period). Thanks for the manual and the well-organized notes!
Excellent Inservice!
More concrete help with small group techniques and programs you can follow in small

groups.
Charles was wonderful!
Great Job - Don't change anything.

Appendix D.

Evaluation Report

EVALUATION REPORT: ALABAMA SUBSTANCE ABUSE PREVENTION TRAINING PROGRAM FOR EDUCATIONAL PERSONNEL

Funded by the U.S. Department of Education
Drug-Free Schools and Communities Counselor Training Grants Program (CFDA 84.241A)
Dr. Maxie Kohler, Principal Investigator

Submitted by:

Scott W. Snyder, Ph.D.
Associate Director
Center for Educational Accountability
University of Alabama at Birmingham

On July 1, 1994 funding was initiated for the Alabama Substance Abuse Prevention Training Program for Educational Personnel. The primary mission of the project was to educate 280 school counselors, school psychologists, and school nurses in the identification/prevention/intervention of substance abuse in grades K-12 in the state of Alabama. The major procedural goals of the project involved the development of training materials, delivery and evaluation of training, and the provision of technical support. Program evaluation activities were planned and implemented to describe the delivery and outcomes of each of these goals. Process and outcome evaluation results regarding the development of training materials (Goal 1) and the delivery of technical assistance (Goal 3) are summarized in the Project Director's Final Report. The summaries confirm that Goal 1 was met as proposed and that Goal 3 was achieved in a modified form. The modifications of process and outcome expectations were necessitated due to supplemental state-level initiatives, the needs of participants, and the demands upon available resources. The majority of this report will concern the results of the evaluation of the training efforts (Goal 2).

During the project period, nine substance abuse training sessions were provided to a total of 279 participants. The training sessions were offered across the state to accommodate the state-level need for training. A critical component of the evaluation concerned the effectiveness of the training materials and activities (Goal 2). Program evaluation efforts relating to this component were designed and conducted to address the primary research question:

To what extent does the training program produce gains in knowledge, attitudes and behaviors for participants?

This broad question was reframed into a number of sub-questions. These questions, their rationale, methods and results are summarized below.

To what extent are items comprising the pretest/posttest measure internally consistent?

In order to make judgments concerning the status and gains of participants' understanding of the curricula, it was necessary to first establish that a single score (percent correct) on the test was a meaningful and reliable metric. Internal consistency of items comprising an instrument is considered a necessary condition for generating an interpretable summated score. Therefore, coefficient alphas were computed for the instrument based on pretest performance. The coefficient alpha across the 15 items was .79. A correlation of this size is sufficient evidence of internal consistency for the test, and provides support for the appropriateness of a single summary score (percent correct) to represent status at pretest and posttest.

To what extent do participants demonstrate gains on the pretest/posttest measure?

As indicated in the proposal, the primary measure of training efficacy would be pretest/posttest assessment using an objective test reflective of the instructional objectives of the training. Pretest and posttest data were available for 242 participants. On the fifteen item test, the mean number of items correct on the pretest was 7.83 (SD=2.46). This indicates that the participants, on average, were able to pass slightly more than 50% of the items on the test prior to training. The mean number of items passed on the posttest (same form of the test) for the same subjects was 11.88 (SD=3.07). In other words, the average percentage of items correct at posttest was about 80%. This reflects a substantial improvement in performance on the instructional objectives for participants. While familiarity with the measure may have influenced scores to some degree, most of the gain of 30% is likely to be due to training.

To what extent do individual items which comprise the pretest/posttest demonstrate sensitivity to instruction?

While pretest and posttest results show generalized benefit from training, it is important to examine individual item performance between the pretest and posttest in order to determine whether some concepts were more sensitive to instruction than others. The instructional sensitivity of a given item is determined by the difference in the pretest and posttest item difficulty. Item difficulty is essentially the proportion of participants that get an item correct. The extent to which an item is passed by more participants at posttest than at pretest is an index of the gains made on the content assessed by that particular item. Item sensitivity provides a rough indication of the proportion of participants who learned the content of the item as a result of instruction. Items with the lowest sensitivity (the smallest differences in item difficulty between pretest and posttest) reflect areas in which: (a) instruction was less effective, (b) pretest performance was particularly high therefore presenting a ceiling effect, or © that the content was most difficult to master. Table 1 presents the pretest and posttest difficulties and sensitivities of all fifteen items. Two items (5 and 14) showed gains by 50% or more of the participants. Most items showed gains by 20% or more of the participants. However, two items appear somewhat problematic. Item 9 (What is "privileged communication"?) and Item 10 ("Stress-resistant" youths are those who possess which of the following in their lives?) yield item sensitivities that may appear acceptable, however the final item difficulty statistics suggest that less than 70% of participants were able to pass these items after instruction. This suggests that either instruction was less effective in these two instructional areas or that the items offered greater ambiguity to participants than did the other items. Furthermore, evidence of ceiling effects for Items 8 (When must school counselors, nurses, and psychologists reveal information reported by a student?) and 12 (Where should the counselor look for "protective factors" in dealing with youths at-risk for substance abuse?) at pretest raise questions about the need for this content in training. In conclusion, there is evidence that the items comprising the pretest/posttest are instructionally valid, and that instruction is effective in producing gains in the targeted objectives.

TABLE 1

ITEM	PRETEST DIFFICULTY % CORRECT	POST TEST DIFFICULTY % CORRECT	ITEM SENSITIVITY POST (-) PRETEST IN %
1	72.7	83.5	10.8
2	54.5	87.2	32.7
3	54.1	85.1	31.0
4	49.6	89.3	39.7
5	31.0	81.4	50.4
6	33.9	73.6	39.7
7	52.5	75.6	23.1
8	90.9	94.2	3.3
9	22.7	44.2	21.5
10	53.3	66.5	13.2
11	59.5	78.5	19.0
12	87.6	92.1	4.5
13	43.8	86.8	43.0
14	15.3	70.2	54.9
15	61.6	79.8	18.2

To what extent do participants in the training program provide evidence of greater knowledge of substance abuse and/or report greater involvement in the initiation of substance abuse prevention efforts than colleagues who did not participate in the training?

Thirteen school professionals who participated in the sponsored training and thirteen school professionals who did not participate in the training were randomly identified. These individuals were interviewed through a phone survey concerning: (a) their involvement during the past 18 months in various substance abuse prevention efforts (starting a Student Assistance Program, joining a drug prevention coalition, committee membership for a drug-free prom, putting up drug-prevention posters, and participating in drug prevention continuing education), and (b) their knowledge on a small sample of drug abuse knowledge questions.

Non-participants reported a greater rate of involvement than did training participants in starting Student Assistance Programs (46% vs. 15%) and Drug-free prom committee membership (46% vs. 23%). The only difference between groups on knowledge was on a single item which concerned resiliency. This item was answered correctly by 54% of training participants and by 30% of non-participants.

These results must be interpreted in light of other state-level initiatives regarding substance abuse prevention that occurred during the period of this grant. For example, 84% of the non-participants contacted through the phone survey indicated that they had been involved in drug abuse prevention continuing education during the prior eighteen months. Therefore, while these results suggest that the intervention was not profoundly more effective than other efforts, there is clear evidence of the efficacy of the training program in producing desired gains.

SUMMARY OF QUALITATIVE FEEDBACK

Appendix III provides the qualitative comments of participants regarding various aspects and implications of the training program. A number of important patterns emerge from the qualitative data. First, participants communicated that as a result of training they experienced gains in awareness and knowledge, skills, and improved dispositions and motivation relating to prevention. The participants were particularly positive about their gains in knowledge, resources and insight. They reported that the training can be translated to their work with youth through their broadened knowledge base, renewed motivation and confidence to tackle the prevention challenge, and through new ideas to apply to their local context. Participants reported that several obstacles exist to taking full advantage of the training. Time conflicts(e.g. other job responsibilities, scheduling), administrative and parental support, and funding were consistently identified as barriers to success. The most common local resources available to overcome the identified obstacles included administrative and community support and the information that was available to highlight the need. Participants were greatly varied as to what they identified as the most and least helpful aspects of the training. Reference materials/workbook were frequently mentioned as a strength, and were never mentioned as a weakness. The most frequent response in terms of "least helpful aspect of training" was "NONE". The open-ended feedback directed specifically to the evaluator elicited a great majority of very positive feedback concerning the quality of content, materials and presenters. A recommendation that was mentioned by several respondents was that the workshop could be divided between K-6 and 7-12 grade levels.

OVERALL EFFICACY OF THE PROJECT

Qualitative and quantitative evidence indicates that the training program was effective in meeting its procedural and outcome objectives. The training produced knowledge gains that were evident via self-report of participants as well as pre/posttest comparisons. The evaluation has provided information to the Project Director that will be useful in refining instructional objectives, instructional delivery, and assessment. Participants were very positive about the training, training materials, and the efficacy of training. Unfortunately, participants appear somewhat uncertain about their ability to overcome local obstacles in order to maximize the benefit of the training to their schools and communities.

Data collection was an integral component of this project. The Project Director is primarily responsible for the breadth and quality of the evaluation data of this training effort. Dr. Kohler is commended for developing high quality training materials, delivering an effective training program, and ensuring that information critical for program evaluation was collected.

Appendix E:

Alabama Peer Helpers Association Conference Brochure

REGISTRATION FORM

Alabama Peer Helpers Association Conference
February 22-23, 1996
Birmingham-Jefferson Civic Center
Birmingham, Alabama

(please photocopy this form for additional registrants)

Name _____

Title _____

Organization _____

Address _____

City, State Zip _____

Day Phone _____

Fax _____

Social Security Number _____

First Choice Track No. _____

Second Choice Track No. _____

Your registration fee may be paid for with Safe and Drug Free Schools/Community Funds

☐ I am a member of the Alabama Peer Helpers Association. Enclosed is my check or money order for $75, made payable to APHA.

☐ I am not a member of the Alabama Peer Helpers Association. Enclosed is my check or money order for $100, made payable to APHA.

Payment must accompany registration

Thursday lunch and all breaks are included in your registration fee

MAIL THIS FORM WITH PAYMENT TO:

Alabama Peer Helpers Association
c/o Central Alabama Council Boy Scouts of America
P.O. Box 43307
Birmingham, Alabama 35243

Cancellations are subject to a 25% cancellation fee. No refunds after February 21. Participants may be substituted.

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P.O. Box 43307
Birmingham, Alabama 35243

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ALABAMA PEER HELPERS ASSOCIATION CONFERENCE

Training for Peer Helper Sponsors

(based on the ethics and standards of the National Peer Helpers Association)

February 22-23, 1996
Birmingham-Jefferson Civic Center
Medical Forum
Birmingham, Alabama

CEUs and Contact Hours are available for attendees

Sponsors:
Alabama State Department of Education
Alabama State Department of Health/Mental Retardation
Anderson Counseling and Consulting
Bradford Health Services
Brookwood Medical Center
Central Alabama Council Boy Scouts of America
UAB School of Education

What is peer helping?

Peer helping is a variety of supportive services initiated by peers in diverse settings. Often they are young people, trained and supervised by professionals, who adhere to ethics and standards endorsed by the National Peer Helpers Association. Peer helpers often become preventive agents who identify problems and encourage others to seek the necessary help from appropriate professionals. Peer helpers provide people with opportunities for learning, guidance, emotional support, and growth, which translates to reduced drug and alcohol involvement, higher academic skills, reduced cases of HIV/AIDS and unwanted pregnancies, reduced conflict, increased understanding of differences, and increased service to others. By helping others, they often increase their own self-esteem and personal functioning.

Who should attend?

- School principals
- School guidance counselors
- Teachers with an interest in peer helping
- Mental health professionals
- Social service agencies
- Church youth ministers

Hotel Accommodations

The Sheraton Civic Center Hotel is located adjacent to the Birmingham-Jefferson Civic Center, Medical Forum, in downtown Birmingham at the corner of 21st Street and 9th Avenue North. The Sheraton is offering conference attendees a special room rate of $82 for a single and $97 for a double, if you register prior to January 21. Call 205-324-5000 to make a reservation; be sure to tell them you are attending the conference.

For more information

Call Penny Deavers (334-242-8049) or Don Lewis (205-969-4266; 205-970-0349 fax) for additional information.

Four tracks of specialized training

Track I: Peer Helping 101 — How to build an effective peer program from the ground up. Basic track for those with little or no training in peer helper programs. Based on National Peer Helpers Association standards and ethics. Prerequisite for Peer Tutoring and Peer Mediation. *Limit: 100 participants.*

Track II: Peer Tutoring — Tutor training includes orientation to tutoring, developing helping relationships in tutoring, communication skills, behavior management, principles of education as applied to tutoring, responsibilities and procedures, how to tutor in content areas, record keeping, and evaluation tools. Advanced track for those trained in Peer Helping 101. *Limit 50 participants.*

Track III: Peer Mediation — Includes specific training activities, the procedures needed to implement a conflict management program, and a framework for how this fits into the NPHA standards. Examples of successful programs will be provided. Advanced track for those trained in Peer Helping 101. *Limit 50 participants.*

Track IV: Peer Ministry — The objective of this track is to help participants understand the value and worth of implementing Peer Ministry and, through activity, discussion, curriculum review, and experiential participation, to provide participants with some tools needed to implement a Peer Ministry program. *Limit: 30 participants.*

Conference agenda

Thursday, February 22, 1996

8:30 a.m. - 9 a.m.	Registration
9 a.m. - 10 a.m.	Opening session
10 a.m. - Noon	Concurrent sessions
Noon - 12:45 p.m.	Lunch *(included)*
1 p.m. - 4 p.m.	Concurrent sessions

Friday, February 23, 1996

8:30 a.m. - 12:30 p.m.	Concurrent sessions

Meet the conference faculty

Jo Lynn Johnson
Track I: Peer Helping 101
Ms. Johnson is a veteran classroom teacher, drug rehabilitation counselor, and president of a consulting firm in Raleigh, North Carolina. She is nationally recognized as a trainer and program development specialist in the prevention field, as well as an expert in peer helping. She is currently the treasurer of the National Peer Helpers Association.

Elizabeth Foster-Harrison, Ph.D.
Track II: Peer Tutoring
Dr. Harrison is an accomplished faculty member at East Carolina University in Greenville, North Carolina. She is certified in counseling, mentoring, and supervision. Dr. Harrison is the immediate past president of the National Peer Helpers Association, and she is the author of "Tutoring: Learning by Helping."

Lynn Whitley
Debbie Eaddy
Track III: Peer Mediation
Ms. Whitley is a nationally known consultant, trainer, and program development specialist who served for five years as coordinator of peer mediator programs for the Charlotte-Mecklenburg School District in Charlotte, North Carolina. Ms. Eaddy is a teacher, student services specialist, and peer mediation trainer in Charlotte, North Carolina.

Marilyn Bader
Track IV: Peer Ministry
Ms. Bader is currently the prevention training coordinator for the National Council on Alcoholism and Drug Abuse, St. Louis Area. Her background includes teaching at the secondary level, programming in youth and adult ministry, and counseling. She is a peer ministry trainer for the Lutheran Church, Missouri Synod. Ms. Bader is considered one of the country's foremost experts in the field of peer helping, particularly peer ministry.